

**MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
PERMITTING AND COMPLIANCE DIVISION
WASTE MANAGEMENT SECTION
PO BOX 200901
HELENA, MT 59620-0901
Phone: (406) 444-5300
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SOLID WASTE MANAGEMENT SYSTEM LICENSE RENEWAL APPLICATION COMBINED SYSTEM FOR JULY 1, 2005 - JUNE 30, 2006

TAX ID NUMBER _____

I. FACILITY LICENSE NUMBER _____

NAME OF FACILITY _____

FACILITY LOCATION

Street or Route Number (DO NOT USE P.O. BOX)

City State Zip County

MAILING ADDRESS

Street or P.O. Box _____

City State Zip _____

NAME OF LICENSEE _____

CONTACT PERSON (Person who may be contacted about the operations of the facility, information contained in this report, and to whom inspection reports should be sent.)

Name _____

CONTACT INFORMATION

(Work) _____ (Cell Phone) _____

(Fax) _____ (E-mail) _____

MAILING ADDRESS OF CONTACT PERSON

Street or P.O. Box

City

State

Zip

II. FACILITY LICENSE NUMBER _____

NAME OF FACILITY _____

FACILITY LOCATION

Street or Route Number

(DO NOT USE P.O. BOX)

City

State

Zip

County

MAILING ADDRESS

Street or P.O. Box

City State Zip

NAME OF LICENSEE _____

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information contained in this report, and to whom inspection reports should be sent.)

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(Fax) _____ (E-mail) _____

MAILING ADDRESS OF CONTACT PERSON

Street or P.O. Box

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State

Zip

III. FACILITY LICENSE NUMBER _____

NAME OF FACILITY _____

FACILITY LOCATION

Street or Route Number

(DO NOT USE P.O. BOX)

City

State

Zip

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MAILING ADDRESS

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NAME OF LICENSEE _____

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MAILING ADDRESS OF CONTACT PERSON

Street or P.O. Box

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Zip

IV. TYPE AND QUANTITY OF SOLID WASTE MANAGEMENT FACILITIES (Mark the type of solid waste management facility you operate & give the number of facilities for each type.)

	TYPE	QUANTITY
A.	<input type="checkbox"/> Class II Landfill	_____
B.	<input type="checkbox"/> Class III Landfill or Burn Site	_____
C.	<input type="checkbox"/> Class IV Landfill	_____
D.	<input type="checkbox"/> Transfer Station	_____
E.	<input type="checkbox"/> Composting Facility	_____
F.	<input type="checkbox"/> Municipal Solid Waste Incinerator	_____
G.	<input type="checkbox"/> Infectious Waste Treatment Facility	_____
H.	<input type="checkbox"/> Soil Treatment Facility	_____
I.	<input type="checkbox"/> Resource Recovery Facility	_____

It may be possible to combine solid waste management licenses held separately for different parts of your system into one solid waste management system license and save a portion of the required license fees. If you have more than one solid waste management license would you like to have them consolidated into one system license? Yes () No ()

Note:

No more than one landfill, or other Class II facility, may be consolidated under one solid waste management system license.

No more than one incinerator may be consolidated under one solid waste management system license.

A landfill and incinerator may not be consolidated under the same license.

V. SYSTEM CAPACITY

- A. **NUMBER OF FACILITIES** (Enter number of facilities you operate under the Facility License Number in Section II) _____
- B. **SERVICE AREA** (List all areas served by your facility or system) _____

- C. **POPULATION OF SERVICE AREA** _____
- D. **ANNUAL TONNAGE BASED ON SCALE RECORDS FROM JANUARY 1 THROUGH DECEMBER 31, 2004** _____ Tons
- E. **FOR FACILITIES THAT DO NOT OPERATE SCALES PLEASE GIVE ANNUAL VOLUME BASED ON WASTE RECORDS FROM JANUARY 1 THROUGH DECEMBER 31, 2004.**

_____ Compacted Cubic Yards **Cubic Yards x 700 ÷ 2000 =** _____ Tons
e.g. packer truck

_____ Uncompacted Cubic Yards **Cubic Yards x 300 ÷ 2000 =** _____ Tons

Provide copies of the waste measurement records (monthly summaries acceptable).

VI. IMPORTED (OUT-OF-STATE) SOLID WASTE

Does your disposal facility accept wastes generated outside of Montana? Yes () No ()

What is the total annual tonnage of out-of-state waste accepted? _____

Where was the out-of-state waste generated?

City State County

City State County

City State County

City State County

Population of the out-of-state area(s) served? _____

VII. **QUESTIONNAIRE** (Answers provide information on the status of waste handling in the state.)

A. Do you operate a composting program? Yes () No ()

List the types of waste you accepted for composting, and give the approximate weight or volume of the amount composted.

WASTE	VOLUME OR TONS
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

What composting method was used? (Windrows, static aerated piles, etc.)_____

Is this activity presently described in your operation and maintenance plan on file with the Department? Yes () No ()

B. Do you provide drop off bins or storage for recyclable items? Yes () No ()

Check the types of items accepted and estimate weight or volume of the amount diverted.

Type	Weight or Volume	Type	Weight or Volume
Aluminum	[] _____	Glass	[] _____
Newspaper	[] _____	Cardboard	[] _____
Plastic	[] _____	Plastic #2	[] _____
Tin Cans	[] _____	Other Plastic	[] _____
Magazines	[] _____	White/Office Paper	[] _____
Electronic Devices	[] _____		

Is this activity currently described in your operation and maintenance plan on file with the Department? Yes () No ()

C. Do you have any educational programs for waste reduction or recycling? Yes () No ()

Describe briefly, and indicate any measurable success._____

D. Please complete the chart below.

1. Does your facility accept the following waste streams?
2. Do you operate a program to divert any of the following from disposal?
3. Indicate the method used to divert.
4. Estimate the amount diverted.

	1	2	3			4
	Accepted	Diverted	Reuse / Recycling	Composting (Tons)	Landfarming (Yd ³)	Est. Amt. Diverted (Tons or Yd ³)
Used Motor Oil						
Auto Batteries						
White Goods (appliances)						
Scrap Metal						
Tires						
Fuel Contaminated Soils						
Yard Waste						
Sewage Sludge						
Construction & Demolition Debris						
Asbestos (Friable)						
Asbestos (non-Friable)						
Asphalt						
Incinerator Ash						
Infectious Medical Waste						
Household Hazardous Waste						
Antifreeze						
Other						

E. Does your facility accept tires? Yes () No ()

1. Number of tires accepted for disposal _____
2. Number of tires accepted for recycling _____
3. Approximate percentage of the total waste stream. _____%
4. Disposal fee per tire \$ _____

F. How do you assess fees for disposal of municipal solid waste? (Check methods that apply)

1. Tipping fee at gate

\$_____/ton

\$_____/cubic yard

And/or

2. Service charge/tax assessment \$_____

Annual residential rate \$_____

Does this rate include residential pickup? Yes () No ()

How much is the disposal charge. \$_____

3. Other describe)_____

G. Estimate the remaining capacity of your facility in cubic yards._____

H. Estimate the number of years remaining until your facility reaches capacity._____

I. How are these estimates derived (engineering reports, acreage calculations, etc.)? _____

J. Has the design capacity or operating plan of your facility changed in the last five- (5) years?
Yes () No ()

K. Estimate the total tonnage OR cubic yards of solid waste present on-site as of January 1, 2005.

Tonnage_____OR_____Cubic Yards

L. Does your facility have an approved, detailed, third party closure and post closure plan and cost estimate on file with the Department? Yes () No ()

If no, when do you anticipate submitting the update?_____

- M. Largest open area anticipated at your facility for calendar year 2005. _____ acres.
- N. For facilities with trust agreements or performance bonds, what are the annually adjusted closure and post closure costs? \$ _____
- O. If you operate a Soil Treatment Facility, estimate the number of cubic yards undergoing treatment on January 1, 2005 _____
- P. Does your facility have a program for diverting household hazardous wastes? (paint, paint thinner, pesticides, button and cell batteries, cleaning products, etc.) Yes () No ()

List products diverted: _____

What is the use or where is the final disposal site for the diverted Household Hazardous Waste?

Participation Rate _____ (estimates)

Amount Collected _____ (estimates)

Will your community hold a household hazardous waste collection event or paint swap this year? Yes () No ()

What is the frequency of collection events (weekly, monthly, annually etc.)

- Q. Does your facility conduct open burning of clean wood wastes? Yes () No ()
- R. Is your facility required to monitor the quality of the ground water? Yes () No ()
Check the phase of monitoring your facility is in at the time this questionnaire is completed.

_____ Detection Monitoring
_____ Assessment Monitoring
_____ Corrective Measures

- S. Does your facility currently have storm water detention or retention ponds?

Yes () No ()

T. Does your facility have a Montana Pollution Discharge Elimination System (MPDES) permit?

Yes () No ()

MPDES Permit Number _____

U. How many employees (full time equivalent) work in your solid waste program? _____

How many hours of safety training did they receive last year? _____

Hazardous waste training? _____

Solid waste operators training? _____

V. Have you submitted an annual closure/post-closure plan update to the Department?

Yes () No ()

W. If not, by what date will you submit the update? _____

(Required)

X. The Department is periodically contacted by research organizations, sales personnel, and members of the general public requesting mailing lists for Montana Solid Waste Facilities. State law prohibits the Department from providing a mailing list to non-governmental individuals without the operator's permission. **Do you want your facility name released for use on mailing lists.** Yes () No ()

VIII. **CERTIFICATION** (An authorized representative of the solid waste system must sign and date the certification.)

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature: _____

Print Name Here: _____

Title: _____ **Date:** _____

In order to provide meaningful training for landfill operators, the department needs to know what training you as operators feel is most needed and appropriate for the personnel at your facility.

Please list your top three training priorities for the next two to three years.

1. _____

2. _____

3. _____

Please provide any additional comments or suggestions regarding Departmental training for landfill operators.
